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North Riding of Yorkshire County Council.

EDUCATION COMMITTEE.

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# ANNUAL REPORT

OF THE

## School Medical Officer

FOR THE YEAR

1937.





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## PREFACE.

I have the honour to submit the Annual Report on the work of the School Medical Service for the year 1937. While the Report is mainly statistical, it includes information regarding the various schemes of the Education Committee for the health of the school child. The attention of the Committee is drawn to some of the points of interest in the Report.

### *Findings of medical inspection.*

It is pleasing to record that the standard of health of the children was satisfactory during the year, and that the numbers of both elementary and secondary school children found to require medical treatment were less than those for the previous year. The percentage of *elementary* school children found, at routine medical inspection, to require treatment was 15·89—the lowest annual percentage yet recorded; the improvement in this figure was most evident in the group of children leaving school. In regard to *secondary* pupils, the percentage requiring treatment was 7·1, compared with 10·7 for 1936.

### *Nutrition of the school child.*

During the year special consideration was again given to the nutrition of the children and, on the whole, this was found to be of a good standard. Of the 12,025 children examined at routine inspections, 94·47 *per cent* were “Normal” and “Excellent”; 5·36 *per cent* were “Slightly Sub-normal” and 0·17 *per cent* were “Bad.”

The maintenance of a satisfactory standard of nutrition was due, *mainly*, to the favourable industrial conditions in the Riding and to the Committee's arrangements for the supply of milk to school children. The problem of Nutrition is so complicated that it would be wrong to suggest that these factors alone provide its solution. There are others of equal importance; two such factors are an appreciation by the parents of the qualitative value of a dietary and the provision of more rest for their children. It should be mentioned that under-nourishment is not necessarily confined to the poorer families, as many mothers in the poorer homes have a shrewd working knowledge of food values. When, however, the financial circumstances of a family change for the worse—even, in some instances, when they are satisfactory—there is an unfortunate tendency to sacrifice quality for quantity in the family dietary. In regard to rest, attention has been directed frequently to the need for adequate rest for the growing child, as over-expenditure of mental, not less than physical, energy affects his general well-being and interferes seriously with his education. Nutrition is a state of well-being rather than a clinical entity which can be measured by standards, and the examining medical officer has to consider in his assessment of this state not only the results of his clinical examination but the child's physical and mental responses. Experience in residential special schools has shown the value not only of providing an adequate supply of nourishing food but of educating the child in regular habits of personal hygiene and of insisting on adequate rest. The application of these principles, although perhaps more difficult at home, would be a valuable contribution by the parents towards the problem of Nutrition.

The Committee's main contribution—and the most important single contribution, at present—is the provision of milk meals for the children; the beneficial results to the children warrant an extension of the existing arrangements.

### *Illness affecting school attendance.*

During the first quarter of the year, there was a high incidence of influenza, which affected adversely the school attendance; school closure had to be applied in many cases.

Small outbreaks of diphtheria affected school attendance in two districts, while in one district a small outbreak of bacillary dysentery was investigated.

The occurrence of illness associated with the milk supply to the schools in one district is mentioned in the report.

### *Extensions of medical services.*

There were several important developments in the School Medical Service during the year, and the most important of these developments were:—

- (i) The extensions of the medical and dental schemes of the Committee to pupils in attendance at secondary schools.
- (ii) The provision of routine medical and dental inspection of juveniles attending Junior Instruction Centres.
- (iii) The Dental Staff was increased for the above purposes and in order to cope with the arrears of work among elementary school children.
- (iv) The extension of school nursing in rural areas.

Detailed reference is made in the body of the report to these developments, but, as they only came into operation towards the end of the year under review their full effect cannot yet be assessed.

### *Other features.*

Other interesting features concerning the health of the school child were the Annual School Camp held during the summer holidays, and the appointment of two additional Physical Training Organisers.

In conclusion, I wish to thank all the members of the staff of the School Medical Service for their loyal assistance, and also the members of the Education Department, including the head teachers, for their valuable help and co-operation during the year.

A. DAVIDSON,  
School Medical Officer.

March, 1938.



### GENERAL STATISTICS.

The Education Committee of the County Council is responsible for Higher Education in the whole of the Administrative County, and for Elementary Education for the same area, with the exception of the Municipal Borough of Scarborough.

As children in attendance at both Elementary and Secondary Schools are inspected medically and dentally at regular intervals, the following general statistics give some idea of the work involved in the medical supervision of these children.

Population of the Administrative County (mid-year 1936)	..	..	328,750
Population of Elementary Education Area (mid-year 1936)	..	..	287,370
No. of Elementary Schools	..	..	372
Provided	..	..	127
Non-Provided	..	..	245
Total number of departments	..	..	408
No. of children on registers, 31st March, 1937	..	..	36,886
No. of children in average attendance, 31st March, 1937	..	..	33,554
No. of Secondary Schools (provided and non-provided)	..	..	13
No. of Secondary pupils on registers, 1st October, 1937	..	..	2,731

The number of children on the registers of Elementary Schools showed a reduction of 861, while the number of pupils on the registers of Secondary Schools showed an increase of 25, as compared with the figures for the previous year.

### CO-ORDINATION.

The School Medical Officer is also County Medical Officer of Health and Medical Adviser to the Public Assistance and Mental Deficiency Committees; thus he has duties in Maternity and Child Welfare, Tuberculosis, and Mental Deficiency, which services are closely associated with the health and well-being of the school child. Such a combination of duties ensures the closest co-operation between the various Committees concerned with the physical and mental well-being of children.

The Assistant School Medical Officers undertake duties in regard to Maternity and Child Welfare; in three cases they combine their school duties with those of District Medical Officer of Health, while three of them are approved Certifying Officers under the Mental Deficiency Acts.

The School Dental Surgeons and the Health Visitors are also associated with the Maternity and Child Welfare Scheme of the County Council.

The association of all these Officers with the Public Health Schemes for the pre-school child is of the greatest importance and guarantees a continuous medical and dental supervision from infancy to the end of school life.

### STAFF.

#### (i) School Medical Officers.

The Medical Staff was numerically the same as during the previous year, although there was one change in the Thornaby-on-Tees District. At the end of the year the Staff was as follows :—

- A. Davidson, M.D., Ch.B., D.P.H., School Medical Officer.
- W. J. Smyth, M.B., B.Ch., D.P.H. (Senior Assistant School Medical Officer).
- Margaret D. Cairns, M.B., Ch.B., D.P.H.
- W. Leslie Roberts, M.A., M.R.C.S., L.R.C.P.
- M. Dale Wood, M.D., B.S., also Medical Officer of Health, Whitby Urban and Rural Districts.
- J. A. Dunlop, M.B., Ch.B., D.P.H., also Medical Officer of Health, Eston Urban District.
- A. Brown, M.B., Ch.B., D.P.H., also Medical Officer of Health, Borough of Thornaby-on-Tees, and Stokesley Rural District.

#### (ii) School Dental Surgeons.

During the year the Education Committee decided to increase the Dental Staff by the appointment of two Dental Surgeons. One of these new Dental Surgeons commenced duty in November, 1937; the other Dental Surgeon to be appointed will not commence duty until the 1st April, 1938.

The following is a list of the School Dental Surgeons who were on the Staff at the end of 1937 :—

- S. Craven, L.D.S. (Senior Dental Surgeon).
- F. A. Cassidy, L.D.S.
- A. D. Clark, L.D.S.
- A. P. Finlay, L.D.S.
- C. E. Place, L.D.S.
- P. W. Thornton, L.D.S.
- N. A. Walker, L.D.S. (commenced duties November, 1937).

**(iii) Specialist Officers (Part-time).**

The following part-time Specialist Officers undertake work at special clinics :—

Ophthalmic Surgeons	..	J. P. Higham, M.B., B.S., L.M.S.S.A. J. Ellison, M.R.C.S., L.R.C.P.
Aural Surgeons	..	J. B. T. Keswick, M.B., Ch.B. W. O. Lodge, M.D., F.R.C.S.
Orthopaedic Surgeon	..	H. L. Crockatt, M.B., B.Ch.

**(iv) School Nurses.****(a) WHOLE-TIME NURSES.**

The whole-time nursing staff was supplemented by the appointment of a Superintendent School Nurse. This new Superintendent, in addition to her school duties, undertakes supervision of health visiting and of midwives on behalf of the Public Health Committee. Apart from this appointment, the whole-time nursing staff remains at 15, of whom 13 have health visiting duties, in addition to their school work. These nurses work mainly in the Cleveland Area.

**(b) PART-TIME NURSES.**

The work of school nursing and health visiting is undertaken, elsewhere than the Cleveland Area, by arrangement with District Nursing Associations. This arrangement is convenient and economical in the rural districts, and has the advantage that the nurse, who is the district midwife, may supervise the child from birth to school leaving age. Her knowledge of the families and their circumstances is a valuable asset to the Public Health Services. During 1937 there was a considerable expansion in the work done by District Nursing Associations on behalf of the Education Committee. The County Council's Scheme under the Midwives Act, 1936, offered a favourable opportunity for the extension of school nursing in the rural areas. Before the advent of this scheme, some 202 townships of the 523 in the Riding had no nursing facilities. With the co-operation of the County Nursing Association, new district nursing associations were formed and many existing associations extended their areas. At the end of the year, practically the whole Riding was covered by nursing services, and the Education Committee agreed to utilise the services of the district nursing associations in so far as school nursing was concerned.

During the year new district nursing associations were established in 14 areas, while 37 associations extended their boundaries. The present position in the Riding is that there are now 75 district nurses employed by 69 district nursing associations.

The new arrangements only came into being towards the end of 1937 and their full effect cannot yet be estimated.

**(v) Dental Nursing Staff.**

There are seven members of the Dental Nursing Staff; three are General Trained Nurses and four Dental Attendants.

**I. ELEMENTARY SCHOOLS.****(i) General.**

There were 372 elementary schools in the Education Committee's Area at the end of the year, showing a reduction of 3 schools compared with the previous year. The number of departments was 408, or 5 less than reported in the previous year.

The three schools which were closed during the year were Stalling Busk C.E. ; Holwick C.E. ; Liverton Mines Council.

**(ii) School Hygiene.**

When the Assistant School Medical Officers visited the schools for routine inspection of children, they also made a report on the school premises, with special reference to such aspects as ventilation, lighting, heating, sanitation, and others ; in other words, they considered all general arrangements with reference to the health of the children. During the year conditions which, in the opinion of the Assistant Medical Officers required attention, were reported to the Secretary for Education. There were 112 defects reported at 88 schools. Subsequent visits by the Assistant Medical Officers showed that 33 of these defects had been remedied. Some of the outstanding defects, however, were being remedied at the end of the year, but as the Assistant Medical Officers have not yet re-visited the schools, they have not been reported as having received attention.

**(iii) Medical Inspection.**

The arrangements for the medical inspection were carried out as in previous years. The work of medical inspection was undertaken by six Assistant Medical Officers, each of whom was responsible for an area in the Riding, and the age groups examined were those prescribed by the Board of Education, namely :—

Entrants.

Intermediates—children aged 8 years.

Leavers—children aged 12 years, and those who, for any reason, missed the routine examination at the age of 12 years.



Table I. in the appendix gives the numbers of children examined in the various age groups.

During 1937, the total number of elementary school children examined was 12,025, compared with 12,089 for the previous year, while the total number of special inspections and re-inspections was 22,110, compared with 23,028 in 1936.

The number of special inspections and re-inspections continues to fall, and this fact may be taken as a good sign, as special inspections refer to children specially brought forward by teachers, nurses, school enquiry officers, and from other sources, while re-inspections refer to children who are scheduled at previous inspections as in need of observation or treatment.

## FINDINGS OF MEDICAL INSPECTION.

### Diseases and Defects.

Of the 12,025 elementary school children examined at routine medical inspections, 1,911, or 15·89 per cent, were found to be suffering from diseases or defects (not including nutrition, dental caries, or uncleanliness), which required treatment. The distribution of these 1,911 children in age groups is given below (figures for previous year are in brackets) :—

Group.	Number of children		Percentage of children found to require treatment.
	Inspected.	Found to require treatment.	
Entrants ..	4,293 (4,096)	724 (692)	16·86 (16·89)
Intermediates ..	3,936 (4,001)	708 (662)	17·99 (16·54)
Leavers ..	3,796 (3,992)	479 (608)	12·62 (15·23)
Total ..	12,025 (12,089)	1,911 (1,962)	15·89 (16·23)

It is interesting to compare the Statistics of the North Riding with those for England and Wales ; the following figures give the comparison of the annual percentage of children found to require treatment during the past ten years :—

Year.	North Riding.	England & Wales.	Year.	North Riding.	England & Wales.
1928	22·60	20·7	1933	17·51	17·3
1929	21·71	20·8	1934	16·91	17·3
1930	21·43	20·9	1935	17·32	17·7
1931	21·25	20·0	1936	16·23	17·1
1932	20·06	18·8	1937	15·89	*

\* Not yet available.

The percentage of children found to require treatment during 1937 showed a marked improvement compared with the previous year ; in fact, it was the lowest annual percentage yet recorded among the children attending the elementary schools of the Education Committee. Only a slight improvement was found among entrants, but there was a striking reduction in the percentage of children found to require treatment among the children leaving school. The improvement in the latter group has continued for several years, but the reduction in 1937 from 15·23% to 12·62% was so marked as to call for emphasis, although it may only be a chance variation. In contrast to the reduction in the “entrants” and “leaver” groups, the “intermediate” group showed a slight increase. This increase, however, was mainly associated with an increase in the number of children found to be in need of treatment for tonsils and adenoids in one particular district of the Riding. As there was a change of Assistant School Medical Officer in this district, the increase was probably due to a variation in the standard of assessment.

Table II. on page 17 gives details of the diseases and defects found at routine and special medical inspections, and it shows that the 1,911 children found to require treatment at routine inspections had 2,064 defects.



### Nutrition of the School Child.

During the year special consideration was again given to the nutritional state of the school children, and each of the Assistant School Medical Officers reported that the standard of nutrition of the school children was satisfactory.

Two important factors in the maintenance of the satisfactory nutritional standard were the better industrial conditions, and the scheme for the provision of milk in schools. The classification of all the children examined at routine medical inspections in terms of nutrition is given in the following table, which also gives a comparison with previous years :—

	Number of children examined.	Excellent.	Normal.	Slightly Subnormal.	Bad.
1937	12,025	1,075 8.94%	10,285 85.53%	644 5.36%	21 0.17%
1936	12,089	1,270 10.51%	10,237 84.68%	578 4.78%	4 0.03%
1935	11,928	1,176 9.86%	10,147 85.07%	598 5.01%	7 0.06%
1934	12,853	899 6.99%	11,511 89.56%	436 3.39%	7 0.05%
1933	13,103	782 5.96%	11,793 90.00%	521 3.97%	7 0.05%
1932	13,696	799 5.83%	12,380 90.39%	510 3.72%	7 0.05%
1931	12,364	382 3.08%	11,349 91.79%	629 5.08%	4 0.03%
1930	12,209	541 4.43%	10,861 88.95%	799 6.54%	8 0.06%
1929	13,267	735 5.54%	11,757 88.61%	769 5.79%	6 0.04%
1928	14,224	681 4.78%	12,832 90.22%	701 4.92%	10 0.07%
1927	13,367	613 4.50%	12,058 90.20%	684 5.11%	12 0.08%
1926	12,590	541 4.20%	11,501 91.35%	543 4.30%	5 0.03%

To classify children according to nutrition is admitted to be difficult as malnutrition is not a well defined clinical entity. Each examining Medical Officer has his own standard for assessment of nutrition and the standards vary within wide limits. The classification of the nutrition of a child as "slightly sub-normal," and as "bad," is difficult, and while one examining Medical Officer may include a child under the former group, another may include that child in the latter group.

While, therefore, the above figures show a slight increase in the class "bad" as compared with 1936, an idea of the state of nutrition of the school children as a whole may be better appreciated by considering the figures grouped as "excellent" and "normal." For the year 1937 these combined groups showed that 94.47% of the elementary school children were normal or above normal so far as their nutrition was concerned. The returns of the Assistant Medical Officers have been classified into two groups, (i) Industrial Area, comprising Cleveland, and (ii) Rural Area, comprising Whitby, York, and Northallerton Areas, for medical inspection.

	Nutrition Satisfactory. (Excellent and Normal).	Nutrition Slightly Subnormal.	Nutrition Bad.
(i) Cleveland .. ..	93.62%	6.11%	0.27%
(ii) Rural .. ..	95.39%	4.54%	0.07%
(iii) North Riding .. ..	94.47%	5.36%	0.17%
(iv) England & Wales (1936) ..	88.8 %	10.5%	0.7 %

Conclusions from these figures should be made with great reservation, but they indicate a slight difference in nutrition between rural and urban school children, in favour of the former, while in each case the nutritional state of the children compares favourably with the country as a whole.

### Cleanliness.

The school nurses examined 131,517 children for cleanliness. This work involved 2,267 visits to schools, and 2,817 visits to homes. Each school was visited on an average 5 times. The extension of the school nursing services which became effective in the latter part of the year permitted an increase in the number of visits to schools as there were more nurses available in the Riding during 1937. The number of children excluded on account of verminous conditions of the head and body was 68, compared with 29 for the previous year. This increase appears unsatisfactory, but it was probably associated with a better supervision by the extended school nursing service.

No proceedings were taken against any of the 68 parents on the grounds that their children attended school in a dirty and neglected condition. More visits were paid to the home to advise and help the parents to improve the conditions of the children. The parents of these 68 children on being informed of their liability took steps to improve matters. There are, however, a few incorrigible parents who require the constant vigilance of the school nurses.

The following table gives the annual statistics of the work done under this heading since 1930 :—

Year.	No. of Nurses.	No. of Visits.	No. of Children Examined.	Verminous Conditions.			Neglected and Dirty.	Contagious Conditions.			Other Conditions.	Visits to Homes
				Heads.	Nits.	Bodies and Cloth'g.		Ring-worm.	Scabies.	Impetigo.		
1937	90	2,267	131,517	244 ·18	4,385 3·33	56 ·04	592 ·45	58 ·04	53 ·04	575 ·43	1,255 ·95	2,817 2·14
1936	78	2,170	136,313	199 ·14	3,674 2·69	29 ·02	682 ·50	61 ·04	68 ·04	512 ·37	1,306 ·95	2,259 1·65
1935	78	2,186	141,508	303 ·21	4,659 3·29	52 ·04	605 ·43	76 ·05	27 ·02	493 ·35	1,447 1·02	2,206 1·56
1934	75	2,102	141,045	306 ·21	4,637 3·28	92 ·06	528 ·37	70 ·04	25 ·01	361 ·25	1,384 ·98	2,487 1·76
1933	74	2,055	146,308	200 ·13	5,151 3·52	75 ·05	607 ·41	43 ·02	36 ·02	304 ·20	1,286 ·87	2,487 1·69
1932	74	2,204	142,003	421 ·29	4,765 3·35	104 ·07	694 ·48	57 ·04	49 ·03	324 ·22	1,392 ·98	3,013 2·12
1931	73	2,136	129,045	348 ·26	5,625 4·35	84 ·06	914 ·7	87 ·06	42 ·03	493 ·38	1,415 1·09	2,896 2·24
1930	70	1,910	125,777	205 ·16	6,037 4·79	52 ·04	991 ·79	53 ·04	75 ·05	593 ·47	1,584 1·25	3,144 2·49

### Clothing and Footwear.

The Assistant Medical Officers reported that, as a result of their observations at routine and special inspections, the children on the whole were adequately clothed. There were, however, a few cases of inadequate footwear. The teachers were very helpful in assisting necessitous children to obtain satisfactory boots, while the Mayor's fund at Thornaby-on-Tees continued to assist needy children with the supply of boots free of cost.

There is a need in many schools for the provision of drying arrangements so that the children need not sit in the classroom for a long period with wet clothes. Such a condition lowers a child's resistance to illness, and could be prevented in many schools.

### Minor Ailments.

The parents of children, in whom a defect is discovered at medical inspection, are advised in the first instance to take the child to the family doctor. Where the parents for any reason are not able to obtain treatment, arrangements are made for the child to have it, where possible, through the schemes of the Education Committee. In regard to minor ailments, which, in the absence of School Clinic facilities, would probably go untreated, arrangements are made for medical attendance at the various school clinics. The more common affections treated at the clinics are impetigo, septic sores, skin disease, bruises, ear discharge, etc.

During the year, 7,542 children attended the clinics for minor ailments; the number of re-visits amounted to 16,533.



The following table gives the particulars of the conditions necessitating attendance at the clinics :—

Condition for which children attended the School Clinic.	Number of first visits.	Number of re-visits.
Scabies .. .. .	155 (97)	453 (373)
Impetigo .. .. .	641 (664)	1,484 (1,436)
Ringworm .. .. .	84 (94)	335 (402)
Verminous conditions .. .. .	57 (33)	128 (102)
Minor Injuries .. .. .	3,024 (3,740)	7,506 (7,416)
External Eye Disease .. .. .	555 (567)	2,006 (1,880)
Ear Discharge and Deafness .. .. .	327 (392)	2,222 (2,344)
Nose and Throat .. .. .	483 (551)	179 (341)
Vision .. .. .	295 (290)	49 (107)
Heart and Circulation .. .. .	73 (57)	70 (66)
Lungs .. .. .	179 (136)	119 (114)
Nervous System .. .. .	54 (53)	88 (104)
Tuberculosis .. .. .	20 (22)	40 (77)
Skin (Non-Contagious) .. .. .	128 (123)	327 (275)
Other conditions .. .. .	1,467 (1,393)	1,527 (1,255)
Total ..	7,542 (8,212)	16,533 (16,292)

Figures in brackets are those of the previous year.

The great bulk of the above conditions was treated at clinics in Thornaby, South Bank, and Grangetown. While there is a well equipped special clinic at Thornaby-on-Tees, the unsatisfactory conditions of the clinics and centres in the Eston Urban District formed the subject of a special report to the Education and Public Health Committees. Both Committees have agreed that the provision of better premises in this district was an urgent matter, and that steps should be taken to provide a centralised clinic for the purpose, something similar to that which exists at Thornaby-on-Tees.

#### Visual Defects and External Diseases of the Eye.

During the routine inspections 471 children were found to require examination by the ophthalmic surgeons; in addition, 77 children with squint were referred for treatment. The corresponding figures for 1936 were 595 and 20 respectively.

#### Enlarged Tonsils and Adenoids.

This group of cases and that of visual defects formed the largest collection of defects found at routine inspections. During 1937, the number of children found to be in need of treatment for tonsils and adenoids was 746, as compared with 549 in the previous year.

#### Ear Discharge and Deafness.

There was an improvement in the number of cases of ear discharge and deafness found at medical inspection. Purulent discharge was reported in 33 children as compared with 43 for the previous year. Impairment of hearing was noted in 18 children.

#### Crippling Defects and Deformities.

There was a slight increase in the number of children found at routine inspections to be suffering from crippling defects. At these inspections 75 children were referred for examination to the Orthopaedic Clinics, as compared with 39 for the previous year. Of these cases 24 were considered to be due to rickets, whereas there were 8 such cases in 1936. Spinal curvature was diagnosed in 11 children, while, in 40 children, the disability was due to other causes.

#### Tuberculosis.

Among the 12,025 children examined in the three routine age groups, only 5 children were found to have tuberculosis. This figure is all the more striking since all children who have the slightest suspicion of tuberculosis are referred to the Tuberculosis Officer, who, in addition to securing treatment for the definite cases, kept 13 under observation. Moreover, there was an appreciable reduction in the number of cases recommended for special examination. Only 1 child among the "specials" examined was scheduled as suffering from pulmonary tuberculosis. There were 14 cases of non-pulmonary tuberculosis, compared with 11 for the previous year.

#### Diseases of the Skin.

Only 6 cases of ringworm of the scalp were reported as a result of the routine medical inspection, while in 9 cases the disease affected the body. In addition, there were 25 cases of scabies (itch), and 41 cases of impetigo contagiosa.

## FOLLOWING UP.

It is the duty of the School Nurse to follow-up cases and encourage the parents to obtain the treatment recommended at medical inspection. This duty is of extreme importance, and becomes one of the most important functions of the School Nursing Service.

In connection with the work of "following-up," 12,042 home visits were undertaken, as compared with 11,940 in the previous year.

The following table gives the details of the number of defects found and for which treatment was necessary, and the number of home visits paid by the School Nurses :—

Condition.	No. of defects found for which treatment was considered necessary.		No. of home visits by School Nurses.	
Cleanliness of head .. .. .	13	(16)	38	(43)
Cleanliness of body .. .. .	—	(5)	—	(6)
Nutrition .. .. .	15	(48)	25	(115)
Nose and Throat .. .. .	1,710	(1,422)	3,316	(2,867)
External Eye Disease .. .. .	113	(96)	278	(247)
Ear Disease .. .. .	134	(134)	346	(364)
Teeth .. .. .	83	(73)	172	(185)
Heart and Circulation .. .. .	115	(113)	231	(237)
Lungs .. .. .	250	(327)	595	(692)
Nervous System .. .. .	40	(54)	69	(113)
Skin .. .. .	55	(42)	119	(105)
Rickets .. .. .	32	(34)	70	(80)
Deformities .. .. .	90	(85)	174	(176)
Tuberculosis .. .. .	39	(33)	76	(88)
Speech .. .. .	5	(6)	12	(13)
Mental Condition .. .. .	11	(8)	22	(27)
Vision and Squint .. .. .	2,452	(2,382)	6,037	(6,201)
Hearing .. .. .	52	(22)	134	(81)
Miscellaneous .. .. .	144	(137)	328	(300)
Total .. .. .	5,353	(5,037)	12,042	(11,940)

NOTE.—Some of these cases are carried over from 1936 so that the totals do not coincide with those in the table at the end of the report, which apply to 1937 alone.

## ARRANGEMENTS FOR TREATMENT OF DEFECTS.

### Defective Vision and Squint.

Two part-time Ophthalmic Surgeons are employed, and Eye Clinics are held at various Centres in the Riding. During the year, 141 sessions were held for the examination of children with defective eyesight referred by the Assistant School Medical Officers. The number of children sent to Ophthalmic Surgeons was 962, that is, 263 less than for the previous year.

Spectacles were recommended for 799 children ; at the end of the year 679 of these children had been supplied with spectacles. In addition to the children examined through the School Ophthalmic Clinics, 108 children were examined privately and spectacles provided.

The returns of the Ophthalmic Surgeons have been analysed in terms of the various types of visual error, and the analysis is shown in Table I. below :—

TABLE I.

Hypermetropia (Longsightedness).	Myopia (Shortsightedness).	Simple Hypermetropic Astigmatism.	Simple Myopic Astigmatism.	Compound Hypermetropic Astigmatism.	Compound Myopic Astigmatism.	Mixed Astigmatism.	Total prescribed for.	Spectacles not prescribed.	Total Attendances.
203 (263)	95 (125)	84 (85)	25 (27)	242 (280)	66 (76)	84 (102)	799 (958)	163 (247)	*962 (1205)

\* Including 126 cases of Squint.  
(169)

Figures in brackets are those of the previous year.



Spectacles were not advised in 163 cases ; Table II. below gives an analysis of the various conditions from which these children suffer.

TABLE II.

Spectacles unnecessary or present spectacles suitable.			* Amblyopia. Spectacles useless.										Total.
Re-examination. No change necessary.	No error or slight error of refraction.	Referred for further examination.	Squint.	Corneal Opacity.	Conical Cornea.	Macular Retinitis.	High Hypermetropia & Astigmatism.	High Myopia.	Old injuries.	Optic Atrophy.	Congenital Coloboma & Nystagmus.	Irregular Astigmatism.	
42	81	17	7	3	1	1	2	2	2	3	1	1	163

\* Amblyopia—defective vision which cannot be relieved by spectacles.

### Enlarged Tonsils and Adenoids.

There are 10 Centres at which treatment of enlarged tonsils and adenoids is provided by the Education Committee. These Centres are as follows :—

Cleveland Cottage Hospital, Brotton.  
 “Brynteg” Nursing Home, Middlesbrough.  
 Darlington War Memorial Hospital.  
 Guisborough Admiral Chaloner Hospital.  
 Harrogate and District General Hospital.  
 Malton Cottage Hospital.  
 Northallerton Rutson Hospital.  
 Scarborough Voluntary Hospital.  
 Whitby War Memorial Cottage Hospital.  
 York County Hospital.

During the year under review, 264 children received operative treatment, as compared with 244 in 1936 ; in addition, 126 children received treatment from the family doctor or through schemes of local hospitals.

Other forms of treatment were given to 60 children.

### Ear Disease.

Cases of ear disease coming to the notice of Assistant School Medical Officers in the Cleveland Area may be referred to Special Clinics where an Aural Surgeon attends for consultation. These Special Clinics held 13 sessions during the year, and 173 children attended for examination or re-examination by the Specialist. Any treatment recommended is supervised by the School Nurses, and the results have been so encouraging that facilities were made available at Thornaby. The Thornaby Ear Clinic was opened in October, 1937.

### Crippling Defects and their Treatment.

The Orthopaedic Scheme in the Riding centres around the Yorkshire Children's Orthopaedic Hospital, Kirbymoorside, and clinics are held in various parts of the Riding. The Medical Superintendent and Orthopaedic Nurses from the Hospital attend at these clinics. In spite of the geographical difficulties of certain districts, these clinics serve the Riding with very little difficulty. In 1937 there were 202 sessions held, as compared with 197 in 1936.

The following is a summary of the work of the Clinics :—

	Public Health Committee.		Education Committee.
	Non-tuberculous cripples under the age of 5.	Tuberculous cases of all ages up to 16.	Non-tuberculous cases of crippling amongst children between the age of 5 and 16.
No. of 1st Attendances ..	86 (48)	7 (14)	140 (86)
Re-Attendances ..	397 (359)	134 (165)	1,408 (1,437)
Total ..	483 (407)	141 (179)	1,548 (1,523)

The figures in brackets are those for 1936.

During the year 49 children were treated at the Orthopaedic Hospital, Kirbymoorside, for the following conditions :—

Infantile paralysis ..	14	Congenital dislocation of the hip ..	2
Deformed feet ..	5	Arthritis ..	1
Old injuries ..	4	Perthe's disease ..	1
Scoliosis ..	3	Torticollis ..	3
Flat feet ..	6	Coxa Vara ..	1
Deformed hands ..	3	Muscular Dystrophy ..	1
Little's disease ..	1	Rickets ..	4

### Dental Scheme.

The Dental Staff was increased during the year by the addition of one Dental Surgeon, who commenced duty in November, 1937. He was allocated to the Guisborough Area, to relieve the pressure on the Eston and Saltburn areas. In addition, provision was made for another Dental Surgeon to commence duties on the 1st April, 1938. After this date the number of Dental Surgeons on the Staff will be eight.

The work undertaken by the Dental Surgeons during the year is included in the following table, which also gives comparative figures for the previous year :—

			1936	1937
			—	—
Inspection aged 5 ..	..	..	2,703	2,838
„ „ 6 ..	..	..	2,826	3,049
„ „ 7 ..	..	..	2,996	3,057
„ „ 8 ..	..	..	2,849	3,100
„ „ 9 ..	..	..	3,080	2,984
„ „ 10 ..	..	..	3,089	3,046
„ „ 11 ..	..	..	2,974	2,966
„ „ 12 ..	..	..	2,656	2,943
„ „ 13 ..	..	..	2,496	2,753
„ „ 14 ..	..	..	910	1,057
„ „ 15 plus ..	..	..	—	171
Specials ..	..	..	—	351
Total number inspected ..	..	..	26,579	28,315
Found to require treatment ..	..	..	21,935	23,601
Actually treated ..	..	..	14,359	15,382

The percentage of children found to require treatment in the whole area was 83%, while the percentage of children who accepted treatment was 65.1%. If, however, allowance were made for the fact that the new Dental Surgeon only commenced duties in November, and undertook mainly work of inspection, the acceptance rate for the whole Riding would be 68.7%. It is encouraging to note that this figure is an improvement on the previous year when the acceptance rate was 65.4%. The School Dental Surgeons reported that parents of the children are taking a greater interest in the teeth of the children, and this opinion may be reflected in the increased acceptance rate, although there is still room for improvement. The refusal of parents to accept treatment on behalf of the children means that, if they ultimately come for attention, they require more prolonged treatment than would have been necessary had it been accepted in the first instance.

The following figures show the distribution of these percentages in Urban and Rural Areas :—

			Percentage requiring treatment.	Percentage accepting treatment.
Urban Areas ..	..	..	78.2	69.8
Rural Areas ..	..	..	88.6	67.5
North Riding ..	..	..	83.4	68.7

In one district (Eston), the Dental Surgeon made an enquiry into the results of previous conservative treatment in 971 elementary school children between the ages of 7 and 15 who were inspected during the year. Examination of the dental charts showed that 57% had not yet lost a permanent tooth, nor was extraction of a permanent tooth or teeth indicated by reason of excessive caries or overcrowding. On the other hand, of the 43% who had at some time suffered the loss of a permanent tooth or teeth, the following information was obtained :—

- (i) 4 out of every 10 of these children had missed a previous routine treatment either by reason of non-acceptance of treatment or other causes, *e.g.* prolonged absence from school.
- (ii) 2 out of every 10 had a permanent tooth or teeth removed to relieve an overcrowded condition.
- (iii) 1 in every 50 had a permanent tooth or teeth fractured in an accident, and had to be removed.

The Dental Surgeons took the opportunity of lecturing to groups of parents or speaking individually to parents on the need for care and attention of the teeth. Dental propaganda was greatly assisted in the schools by demonstrations given under the auspices of the Dental Board of the United Kingdom.

A greater use was made of gas anaesthesia; during the year, 3,929 cases were dealt with by general anaesthesia, as compared with 2,700 for 1936. This method of anaesthesia is of great value in those cases where many teeth require attention, and is particularly valuable in rural districts where some time may elapse between the regular visits of the Dental Surgeon.



## OPEN-AIR EDUCATION.

### 1. Playground Classes.

These classes were held in the playgrounds at many schools from time to time.

### 2. School Camps.

The annual school camp provided by the Education Committee was held at Runswick Bay from the 29th July to the 27th August. It was attended by 240 children from all parts of the Riding, and supervised by teachers who gave up part of their holiday for this purpose. The attendance was an improvement on the previous year when 160 children attended the camp. Each child remained at the camp for 14 days, and was asked to contribute 5/- per week for the cost of his maintenance there, with 50% of the cost of his travelling. In necessitous cases this charge was reduced or entirely remitted. The site was easily accessible to the sea and to the moors, thus offering splendid facilities for bathing and walking. The children derived great benefit both physically and socially from their holiday in the open air. While living in the fresh air and the provision of wholesome food were important factors in improving the general health of the children attending camp, an equal, if not more important factor, was the rest periods which formed a part of the daily routine. Children, particularly in urban areas, do not obtain the amount of rest which their developing bodies and minds require. A school camp can be a useful method of propaganda, with the object of developing regular habits in the children, and the provision of school camps should be extended.

The success of the camp held at Runswick Bay in 1937 was due entirely to those members of the Education Department and the School Teachers who spent so much of their time organising and supervising the arrangements.

### 3. School Journeys.

School journeys were organised by teachers in connection with individual schools, and approved by the Education Committee.

### 4. Open Air Classrooms in Public Elementary Schools.

The following is a list of Schools where there are semi-open-air classrooms, *i.e.* the front windows are composed of glazed folding partitions :—

Eston Grangetown Sir Wm. Worsley Council Senior School.  
 Eston Teesville Council School (2 rooms out of 5).  
 New Earswick Undenominational School.  
 Redcar John Emmerson Batty Council School (6 rooms out of 8).  
 Thornaby Robert Atkinson Council Central School (4 rooms out of 10).  
 Thornaby Village Infants' and Junior School.  
 York, Clifton Without Junior and Infants' School.

In all the above cases these special windows face South.

### 5. Day Open-Air Schools.

There are no Day Open-Air Schools in the Riding; one child requiring education in an Open-Air School was sent to York.

### 6. Residential Open-Air School.

There is no Residential Open-Air School in the Riding.

## INFECTIOUS DISEASES.

### General.

The school curriculum during 1937 was adversely affected during the first quarter of the year by the prevalence of influenza. It was found necessary during the year to close 107 schools on account of the prevalence of infectious disease, and of that number 77 were closed owing to influenza. The closure of the schools was advised by the Medical Officer of Health for the district, and the following table shows the number of schools closed and the purpose for which they were closed :—

Disease.	No. of Schools.	
Scarlet Fever .. ..	7	(11)
Whooping Cough .. ..	1	(7)
Influenza .. ..	77	(1)
Measles .. ..	7	(26)
Chicken Pox .. ..	3	(3)
Diphtheria .. ..	3	(6)
Mumps .. ..	9	(6)
Other Causes .. ..	—	(1)
	<hr/> 107	<hr/> (61)

Where the attendance of a school, by reason of the prevalence of sickness in the district, falls below 60%, a certificate is issued in accordance with the provisions of the Elementary Education Provisional Code. If such a certificate is issued the attendance at the schools for that week may be disregarded for the purpose of grant. During 1937 the attendance of schools fell to less than 60% in 170 schools. Again, the main cause for this low attendance was influenza.

Disease.			No. of Schools.	
Measles	..	..	15	(38)
Whooping Cough	..	..	8	(23)
Influenza	..	..	124	(26)
Scarlet Fever	..	..	2	(3)
Chicken Pox	..	..	16	(8)
Mumps	..	..	5	(8)
Other Causes	..	..	—	(2)
			170	(108)

### Special Investigations.

#### (i) DIPHTHERIA IN GREAT AYTON SCHOOLS.

An outbreak of this infection occurred during the first quarter of the year at Great Ayton and affected 10 persons, of whom 6 were children and 1 was a school teacher; fortunately, the infection did not reach epidemic proportions. The Stokesley District Council have provided facilities for active immunisation against diphtheria and the School Medical Service has co-operated in the scheme. The occurrence of these cases stimulated the demand for immunisation in the district, and many parents accepted it on behalf of their children.

#### (ii) DIPHTHERIA AT BRAFFERTON SCHOOL.

An outbreak of diphtheria occurred in the Helperby district; and, of the 19 cases in the outbreak, 9 were school children. One death occurred from diphtheria in this outbreak. A careful investigation was made and regular supervision of the school children was undertaken. The outbreak occurred in two distinct parts, namely, the March–April and the August–October groups of cases. The cases in the former group were traced to a “missed” case and a nasal carrier. No source of infection leading to the latter group was found; most of these cases occurred during the holidays. This group had two separate foci from which case to case infection occurred; one of these foci was a Norton-le-Clay child and the other a Helperby child, both having attended Brafferton School. The school population at the beginning of the outbreak was probably in a highly susceptible state owing to a low incidence of diphtheria in recent years in that area.

The organisms appeared to be of unusually high virulence and, as mentioned above, one child died from the infection. All precautions were taken to prevent the spread of the disease, and steps were taken to trace the source of infection, which was found to be a child living at Norton-le-Clay, and attending Brafferton School.

#### (iii) BACILLARY DYSENTERY (SONNE) AT HELPERBY.

An outbreak of this form of dysentery occurred at Helperby towards the end of the year. There were 16 cases, but only 5 occurred in school children.

Although careful investigation was made with a view to ascertaining the source of infection, no such source was found. This has been the experience in other districts of the country where outbreaks have occurred.

### Special Exclusions.

During the year, 435 children were excluded from school for short periods owing to infectious or contagious conditions; this figure compares with 367 for the year 1936. The following are the particulars:—

Disease.			No. of Children.	
Ringworm (head and body)	..	..	10	(18)
Contagious Skin Disease	..	..	261	(170)
Verminous head and body conditions	..	..	68	(29)
Other Causes	..	..	96	(150)
			435	(367)

Special reports regarding the health of 15 children were made to the Secretary to the Education Committee; owing to permanent defects which made school attendance impossible, it was recommended that their names be removed from the school register.

### PHYSICAL TRAINING.

During 1937, the Education Committee appointed two additional organisers to the Physical Training Staff.

By an arrangement with the Scarborough Part III. Authority, two of the Committee's Organisers devote one-fifth of their time to the organisation of the work of the Scarborough Elementary Schools. The appointment of the two additional Organisers has already shown its influence both in the work of the schools and also in the increased number of further education classes. Interest in Physical Training was further stimulated by means of demonstrations such as those undertaken at Scarborough, Redcar and Thornaby during October, dealing principally with adult work, and that in June at South Bank, which showed examples of the work done both by children and adults.



Perhaps the two greatest obstacles to the development of Physical Training in the Riding was a shortage of instructors and a lack of suitable facilities. The Committee endeavoured to overcome both these obstacles ; so far as the former is concerned, arrangements were made to hold courses of instruction for teachers and leaders both for elementary schools and for further education work ; and, as regards the latter, during the course of the year the Committee installed shower baths for both boys and girls at the Yorebridge Grammar School, Askrigg, and Malton Grammar School. It is intended, also, to instal shower baths at Northallerton Grammar School and Whitby County Secondary School, and at the new Secondary Schools at Scarborough and Richmond. New gymnasia are being erected at the four last-mentioned schools.

#### **SUPPLY OF MILK TO CHILDREN IN ELEMENTARY SCHOOLS.**

The Education Committee's Scheme for the supply of free milk to necessitous school children applied to 129 schools, an increase of 23 schools during 1937. The scheme provided 785,337 bottles of milk for 4,934 children. Milk was also provided through the agency of voluntary milk clubs, of which there were 144 in the Riding. These clubs supplied 1,397,951 bottles of milk to 8,838 children at a cost of  $\frac{1}{2}$ d. per one-third pint.

The sources of supply were carefully investigated in consultation with the District Medical Officers of Health, and efforts were made to safeguard the milk by endeavouring to secure the interests of the best producers and by undertaking periodical bacteriological tests. Wherever possible, arrangements were made for designated milk to be supplied ; in several schools, Tuberculin Tested milk was supplied, but in others the quality was Accredited or Pasteurised. The provision of designated milk is not always possible in rural districts, and, if the children are to be supplied with milk, the greatest care is necessary in securing the best producer. Some trouble was experienced during the year in certain districts where producers found that there was no financial profit in the scheme, *e.g.* the producer-retailer can market his milk at a better price, without the expense and trouble of the Milk in Schools Scheme ; moreover, he does not have to find a market for his milk during the school holidays or to dispose of unconsumed quantities.

An outstanding feature during 1937, of the provision of milk to school children, was the occurrence of an explosive outbreak of sickness amongst school children attending the Redcar schools, and receiving milk under the Milk in Schools Scheme. All the affected children received a milk meal at school. Happily, the outbreak was short-lived and the majority of children attended school on the day following the onset of the illness. The supply was stopped immediately until investigations were made, and until it was considered safe to recommence the issue of milk to the children in that district.

#### **CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ENQUIRY OFFICERS, AND VOLUNTARY BODIES.**

Parents are invited to attend at routine medical inspections ; the percentage of parents who attended (26%) does not represent a favourable response to the invitation. Attendance of parents is particularly valuable, and it is somewhat disappointing that the response in the Riding is never very high.

On the other hand, the teachers have co-operated most loyally in the work of the School Medical Service, not only by exerting their personal influence with the parents, but assisting in the preparation for the medical and dental inspections.

The School Enquiry Officers rendered valuable assistance in investigating the family circumstances and in other matters.

The Scarborough Council of Social Welfare, which is a voluntary body, has, for many years, helped considerably by its co-operation in providing services for crippled children.

#### **NURSERY SCHOOLS.**

There are no Nursery Schools in the Riding.

#### **BLIND, DEAF, DEFECTIVE, AND EPILEPTIC CHILDREN.**

The arrangements for the ascertainment of these children were continued as in the previous year.

##### **Blind.**

The Education Committee maintained 15 children at the following Schools for Blind Children :—

Name of School.	Boys.	Girls.	Total.
Yorkshire School for the Blind, York .. .. .	4	8	12
Royal Blind School, Sheffield .. .. .	—	1	1
St. Vincent's Blind School, West Derby, Liverpool .. .. .	1	—	1
Royal Victoria Blind School, Newcastle-on-Tyne .. .. .	1	—	1
	6	9	15

**Deaf.**

There were 24 children maintained by the Education Committee at the following Schools for Deaf Children :—

Name of School.	Boys.	Girls.	Total.
Yorkshire School for the Deaf, Doncaster .. .. .	7	8	15
St. John's R.C. School for the Deaf and Dumb, Boston Spa ..	—	1	1
Stockton Day School for the Deaf .. .. .	4	3	7
Middlesbrough Day School for the Deaf .. .. .	—	1	1
	11	13	24

**Epileptic.**

At the Home for Epileptics, Maghull, 3 epileptic children were resident during the year.

Name of School.	Boys.	Girls.	Total.
Home for Epileptics, Maghull .. .. .	2	1	3

**Mentally Defective.**

There were 8 mentally defective children under instruction at the following Special Schools :—

Name of School.	Boys.	Girls.	Total.
Beacon Residential School, Lichfield .. .. .	1	—	1
Besford Court Catholic Mental Hospital, Worcestershire ..	3	—	3
Fulford Road Special Day School, York .. .. .	—	2	2
Littleton House School, Girton, Cambridge .. .. .	1	—	1
Prudhoe Hall Colony, Prudhoe-on-Tyne .. .. .	—	1	1
	5	3	8

**EMPLOYMENT OF SCHOOL CHILDREN.**

During the year, 412, or 25 less children than in the previous year, were medically examined under the Employment of Children Bye-Laws. Of these children, 7 were certified as unfit for their particular employment.

**CHILDREN AND YOUNG PERSONS ACT, 1933.**

The number of children examined prior to their admission to approved schools was 21.

**II. SECONDARY SCHOOLS.****(i) Medical Inspection.**

Each pupil attending a secondary school is examined annually; during 1937, 2,534 pupils were examined at routine medical inspection, while 568 were examined at special inspections and re-inspections.

**(ii) Medical Treatment.**

During the year the Education Committee decided to extend the arrangements for medical treatment, and dental inspection and treatment, to Secondary pupils.

This extension is an important advance, as it helps to close up the gap in medical treatment occurring between the child leaving school and being included in the National Health Insurance Scheme. Also, it eliminates the anomaly whereby one child in a family receives treatment as an elementary school child, while his brother in attendance at a Secondary School has no such facilities.

The forms of treatment provided for secondary pupils and the conditions of treatment for non fee-payers are the same as those for elementary school children. The parents of fee-paying pupils are expected to pay for treatment on an approved scale.

Of the 2,534 secondary pupils examined, 180 or 7.1% were found to require treatment. Details of the defects discovered are shown in Table II. on page 24.

The following treatment of secondary pupils was undertaken :—

(a) DEFECTIVE VISION AND SQUINT.

The Eye Specialists examined 43 pupils at Eye Clinics and spectacles were prescribed for 40 of them. In regard to these 40 pupils, 37 pairs of spectacles were obtained.

(b) CRIPPLING DEFECTS.

In-patient treatment at the Yorkshire Children's Orthopaedic Hospital, Kirbymoorside, was provided for 1 pupil on account of kyphosis. In addition, 22 pupils made 99 visits to orthopaedic clinics.

(iii) Dental Inspection and Treatment.

The Dental Surgeons inspected 822 secondary pupils, and 700, or 85.1% of these pupils were found to require treatment. Owing to the delay regarding the scale of charges for dental treatment for secondary pupils, no treatment was carried out during the year.

(iv) Supply of Free Milk for Secondary Pupils.

During the year the Milk in Schools Scheme was extended to secondary pupils. No free milk to these pupils had been supplied during the year, but arrangements were made for certain pupils to receive free milk after the Christmas Holidays.

### III. JUNIOR INSTRUCTION CENTRES.

There are three centres in the Riding, as follows :—

South Bank (Boys)	..	..	244 boys.
South Bank (Girls)	..	..	85 girls.
Scarborough (Girls)	..	..	69 girls.

The Scheme for routine medical and dental inspection and treatment of juveniles attending these centres was approved by the Education Committee in July, 1937; and the approval of the Ministry of Labour to this scheme was obtained in December, 1937. The new arrangements provide for routine inspections and the necessary treatment along lines similar to those for elementary school children.

The provision of free milk to juveniles was in operation during the year, and 5,507 two-third pint bottles of milk were supplied.

Cleanliness inspections were also undertaken and the school nurses made 15 visits for that purpose.



## STATISTICAL SUMMARY.

## ELEMENTARY SCHOOLS.

TABLE I.—Return of Medical Inspections.

## A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups—

Entrants .. .. .	4,293
Second Age Group .. .. .	3,936
Third Age Group .. .. .	3,796
Total ..	12,025

Number of other Routine Inspections .. .. .	—
---	---

## B.—OTHER INSPECTIONS.

Number of Special Inspections .. .. .	5,602
Number of Re-Inspections .. .. .	16,508
Total ..	22,110

## C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to require Treatment  
(excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Group. (1)	For defective vision (excluding squint). (2)	For all other conditions recorded in Table II A. (3)	Total. (4)
Entrants .. .. .	4	722	724
Second Age Group .. .. .	221	509	708
Third Age Group .. .. .	246	258	479
Total (Prescribed Groups) ..	471	1,489	1,911
Other Routine Inspections ..	—	—	—
Grand Total .. .. .	471	1,489	1,911



## ELEMENTARY SCHOOLS.

TABLE II.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1937.

Defect or Disease.	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
(1)	(2)	(3)	(4)	(5)
SKIN :				
Ringworm—Scalp .. ..	6	1	3	—
Body .. ..	9	—	3	—
Scabies .. ..	25	1	18	2
Impetigo .. ..	41	1	33	2
Other Diseases (Non-Tuberculous)	56	7	48	62
EYE :				
Blepharitis .. ..	45	7	53	60
Conjunctivitis .. ..	21	3	21	5
Keratitis .. ..	1	—	1	4
Corneal Opacities .. ..	—	3	—	8
Defective Vision (excluding Squint) .. ..	471	243	737	1,670
Squint .. ..	77	24	41	69
Other Conditions .. ..	13	4	8	16
EAR :				
Defective Hearing .. ..	18	1	21	38
Otitis Media .. ..	33	7	50	71
Other Ear Diseases .. ..	22	10	28	17
NOSE AND THROAT :				
Chronic Tonsillitis only .. ..	426	331	851	968
Adenoids only .. ..	80	61	104	117
Chronic Tonsillitis and Adenoids	240	34	403	45
Other Conditions .. ..	95	26	71	60
Enlarged Cervical Glands (Non-Tuberculous) .. ..	20	21	14	55
Defective Speech .. ..	2	7	2	35
HEART AND CIRCULATION :				
Heart Disease—Organic .. ..	20	49	19	235
Functional .. ..	7	14	1	14
Anaemia .. ..	41	11	27	49
LUNGS :				
Bronchitis .. ..	41	15	24	99
Other Non-Tuberculous Diseases	83	30	12	126
TUBERCULOSIS :				
Pulmonary—				
Definite .. ..	—	—	1	3
Suspected .. ..	3	—	—	4
Non-Pulmonary—				
Glands .. ..	1	9	6	25
Bones and Joints .. ..	—	2	5	21
Skin .. ..	—	—	1	2
Other Forms .. ..	1	2	2	18
NERVOUS SYSTEM :				
Epilepsy .. ..	1	8	2	21
Chorea .. ..	1	5	2	21
Other Conditions .. ..	15	4	7	76
DEFORMITIES :				
Rickets .. ..	24	10	6	19
Spinal Curvature .. ..	11	2	12	22
Other Forms .. ..	40	32	39	121
OTHER DEFECTS AND DISEASES (excluding Nutrition, Uncleanliness and Dental Diseases) .. ..	74	76	102	356

ELEMENTARY SCHOOLS.

B.—Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.

Age-groups.	Number of Children Inspected.	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ..	4,293	402	9.36	3,670	85.49	213	4.96	8	0.19
Second Age-group ..	3,936	341	8.66	3,349	85.09	236	6.00	10	0.25
Third Age-group ..	3,796	332	8.75	3,266	86.04	195	5.13	3	0.08
Other Routine Inspections	—	—	—	—	—	—	—	—	—
Total ..	12,025	1,075	8.94	10,285	85.53	644	5.36	21	0.17

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

Blind Children.

At Certified Schools for the Blind ..	..	..	..	..	10
At Public Elementary Schools ..	..	..	..	..	2
At other Institutions ..	..	..	..	..	—
At no School or Institution ..	..	..	..	..	3
					— 15

Partially Sighted Children.

At Certified Schools for the Blind ..	..	..	..	..	—
At Certified Schools for the Partially Sighted ..	..	..	..	..	—
At Public Elementary Schools ..	..	..	..	..	13
At other Institutions ..	..	..	..	..	—
At no School or Institution ..	..	..	..	..	6
					— 19

Deaf Children.

At Certified Schools for the Deaf ..	..	..	..	..	21
At Public Elementary Schools ..	..	..	..	..	—
At other Institutions ..	..	..	..	..	—
At no School or Institution ..	..	..	..	..	—
					— 21

Partially Deaf Children.

At Certified Schools for the Deaf ..	..	..	..	..	—
At Certified Schools for the Partially Deaf ..	..	..	..	..	—
At Public Elementary Schools ..	..	..	..	..	1
At other Institutions ..	..	..	..	..	—
At no School or Institution ..	..	..	..	..	1
					— 2

Mentally Defective Children.

FEEBLE-MINDED CHILDREN.

At Certified Schools for Mentally Defective Children ..	..	..	6
At Public Elementary Schools ..	..	..	46
At other Institutions ..	..	..	—
At no School or Institution ..	..	..	31
			— 83

Epileptic Children.

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

At Certified Schools ..	..	..	..	..	3
At Public Elementary Schools ..	..	..	..	..	2
At other Institutions ..	..	..	..	..	—
At no School or Institution ..	..	..	..	..	14
					— 19

## ELEMENTARY SCHOOLS.

## Physically Defective Children.

## A.—Tuberculous Children.

## I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS.

(Including pleura and intra-thoracic glands).

At Certified Special Schools	..	..	..	..	..	22
At Public Elementary Schools	..	..	..	..	..	1
At other Institutions	..	..	..	..	..	—
At no School or Institution	..	..	..	..	..	4
						— 27

## II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS.

At Certified Special Schools	..	..	..	..	..	45
At Public Elementary Schools	..	..	..	..	..	22
At other Institutions	..	..	..	..	..	—
At no School or Institution	..	..	..	..	..	9
						— 76

## B.—Delicate Children.

At Certified Special Schools	..	..	..	..	..	1
At Public Elementary Schools	..	..	..	..	..	42
At other Institutions	..	..	..	..	..	—
At no School or Institution	..	..	..	..	..	14
						— 57

## C.—Crippled Children.

At Certified Special Schools	..	..	..	..	..	9
At Public Elementary Schools	..	..	..	..	..	89
At other Institutions	..	..	..	..	..	—
At no School or Institution	..	..	..	..	..	23
						— 121

## D.—Children with Heart Disease.

At Certified Special Schools	..	..	..	..	..	—
At Public Elementary Schools	..	..	..	..	..	58
At other Institutions	..	..	..	..	..	—
At no School or Institution	..	..	..	..	..	17
						— 75

Children Suffering from Multiple Defects	..	..	..	..	..	6
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TABLE IV.

Return of Defects treated during the Year ended 31st December, 1937.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table VI.).

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)
SKIN :			
Ringworm—Scalp .. ..	71	6	77
Body .. ..	13	1	14
Scabies .. ..	155	23	178
Impetigo .. ..	641	38	679
Other Skin Disease .. ..	128	33	161
MINOR EYE DEFECTS .. ..	555	76	631
(External and other, but excluding cases falling in Group II.)			
MINOR EAR DEFECTS .. ..	327	59	386
MISCELLANEOUS .. ..	4,491	55	4,546
(e.g. minor injuries, bruises, sores, chilblains, etc.)			
Total ..	6,381	291	6,672

## ELEMENTARY SCHOOLS.

## GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
ERRORS OF REFRACTION (including Squint) .. .. .	962	108	1,070
Other defect or disease of the eyes (excluding those recorded in Group I.) .. .. .	—	—	—
Total ..	962	108	1,070
No. of Children for whom spectacles were—(a) Prescribed ..	799	108	907
(b) Obtained .. ..	679	108	787

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.  
Number of Defects.

Received Operative Treatment.												Received other forms of treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital, apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(4)	(5)
7	1	256	—	38	8	78	2	45	9	334	2	60	450

(i) Tonsils only.

(ii) Adenoids only.

(iii) Tonsils and Adenoids.

(iv) Other defects of the nose and throat.

## GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education.	Residential treatment without education.	Non- residential treatment at an orthopaedic clinic.	Residential treatment with education.	Residential treatment without education.	Non- residential treatment at an orthopaedic clinic.	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
Number of children treated	49	—	342	—	—	—	345



## ELEMENTARY SCHOOLS.

TABLE V.—Dental Inspection and Treatment.

(1) Number of Children who were inspected by the Dentist :—

		Aged.			
		5	..	2,838	
		6	..	3,049	
		7	..	3,057	
		8	..	3,100	
		9	..	2,984	
		10	..	3,046	
		11	..	2,966	
		12	..	2,943	
		13	..	2,753	
		14	..	1,228	
(a) Routine Age Groups..	..			Total	.. 27,964
(b) Specials	.. ..	..	..	..	.. 351
(c) Total (Routine and Specials)	..	..	..	..	.. 28,315
(2) Number found to require treatment	..	..	..	..	.. 23,601
(3) Number actually treated	..	..	..	..	.. 15,382
(4) Attendances made by children for treatment	..	..	..	..	.. 19,469
(5) Half-days devoted to					Total
	{ Inspection	..	427		
	{ Treatment	..	2,035		
(6) Fillings	.. ..			Total	.. 7,392
	{ Permanent Teeth	6,926			
	{ Temporary Teeth	466			
(7) Extractions	.. ..			Total	.. 32,444
	{ Permanent Teeth	8,165			
	{ Temporary Teeth	24,279			
(8) Administrations of general anaesthetics for extractions	..	..	..	..	.. 3,929
(9) Other operations	..			Total	.. 2,164
	{ Permanent Teeth	1,024			
	{ Temporary Teeth	1,140			

TABLE VI.—Uncleanliness and Verminous Conditions.

(i) Average number of visits per school made during the year by the School Nurses	5
(ii) Total number of examinations of children in the schools by School Nurses	.. 131,517
(iii) Number of individual children found unclean	.. .. 2,815
(iv) Number of individual children cleansed under Section 87 (2) and (3) of the Education Act, 1921	.. .. —
(v) Number of cases in which legal proceedings were taken :—	
(a) Under the Education Act, 1921	.. .. —
(b) Under School Attendance Byelaws	.. .. —

## AVERAGE HEIGHTS. (Elementary Schools).

## ENTRANTS.

## BOYS.

## GIRLS.

Age Groups.	No. Measured.	Inches.	Centi-metres.	No. Measured.	Inches.	Centi-metres.
3-4 years .. ..	2	38.25	97.16	4	38.62	98.09
4-5 years .. ..	170	40.96	104.04	182	40.41	102.64
5-6 years .. ..	1,168	42.58	108.15	1,093	42.27	107.37
6-7 years .. ..	137	45.00	114.30	116	44.43	112.85

## INTERMEDIATE AGE GROUP.

7-8 years .. ..	69	47.66	121.06	63	47.59	120.88
8-9 years .. ..	1,140	49.22	125.02	1,103	48.97	124.38

## LEAVERS.

12-13 years ..	1,208	56.33	143.08	1,105	57.17	145.21
13-14 years ..	190	57.90	147.07	151	58.81	149.38
14 and upwards ..	7	58.71	149.12	8	60.19	152.88

## ELEMENTARY SCHOOLS.

## AVERAGE WEIGHTS. (Elementary Schools).

## ENTRANTS.

## BOYS.

## GIRLS.

Age Groups.	No. Weighed.	Lbs.	Kilograms.	No. Weighed.	Lbs.	Kilograms.
3-4 years .. ..	2	36.62	16.61	4	34.87	15.82
4-5 years .. ..	170	38.70	17.55	182	37.74	17.12
5-6 years .. ..	1,168	41.51	18.83	1,093	40.23	18.25
6-7 years .. ..	137	45.21	20.51	116	44.20	20.05

## INTERMEDIATE AGE GROUP.

7-8 years .. ..	69	51.55	23.38	63	49.34	22.38
8-9 years .. ..	1,140	55.61	25.22	1,103	53.51	24.27

## LEAVERS.

12-13 years ..	1,208	79.24	35.94	1,105	80.36	36.45
13-14 years ..	190	85.60	38.83	151	88.58	40.18
14 and upwards ..	7	90.96	41.26	8	96.62	43.83

STATISTICAL SUMMARY.  
SECONDARY SCHOOLS.

TABLE I.

A.—ROUTINE MEDICAL INSPECTIONS.

Age.	7	8	9	10	11	12	13	14	15	16	17	18	Total.
Boys ..	—	7	14	50	180	194	236	213	196	141	56	17	1,304
Girls ..	—	—	1	30	174	176	184	202	233	148	64	18	1,230
Totals ..	—	7	15	80	354	370	420	415	429	289	120	35	2,534

B.—OTHER INSPECTIONS.

Number of Specials inspected ..	..	..	..	..	17
Number of Re-inspections ..	..	..	..	..	551
Total ..	..	..	..	..	568

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to require Treatment  
(excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Group. (1)	For defective vision (excluding squint). (2)	For all other conditions recorded in Table II A. (3)	Total. (4)
Combined age-groups ..	98	89	180
Other Routine Inspections ..	—	—	—
Total ..	98	89	180



## SECONDARY SCHOOLS.

TABLE II.

A.—Return of Defects found by Medical Inspection in the year ended 31st December, 1937.

Defect or Disease.	Routine Inspections.		Special Inspections.	
	No. of Defects.		No. of Defects.	
	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.
(1)	(2)	(3)	(4)	(5)
SKIN :				
Ringworm—Scalp .. ..	—	—	—	—
Body .. ..	—	—	—	—
Scabies .. ..	—	—	—	—
Impetigo .. ..	1	—	—	—
Other diseases (Non-Tuberculous)	5	4	7	4
EYE :				
Blepharitis .. ..	3	—	2	2
Conjunctivitis .. ..	—	—	1	—
Keratitis .. ..	—	—	—	—
Corneal Opacities .. ..	—	—	—	—
Defective Vision (excluding Squint) .. ..	98	63	36	154
Squint .. ..	—	—	1	—
Other Conditions .. ..	—	—	—	—
EAR :				
Defective Hearing .. ..	3	—	1	3
Otitis Media .. ..	1	1	1	4
Other Ear Diseases .. ..	1	5	2	2
NOSE AND THROAT :				
Chronic Tonsillitis only .. ..	18	24	22	19
Adenoids only .. ..	1	3	—	2
Chronic Tonsillitis and Adenoids .. ..	1	1	4	1
Other Conditions .. ..	5	1	3	—
Enlarged Cervical Glands (Non-Tuberculous) .. ..	—	1	—	3
Defective Speech .. ..	—	—	—	—
HEART AND CIRCULATION :				
Heart Diseases—Organic .. ..	6	15	—	35
Functional .. ..	—	6	—	3
Anaemia .. ..	11	2	4	5
LUNGS :				
Bronchitis .. ..	—	1	—	1
Other Non-Tuberculous Diseases	1	—	1	3
TUBERCULOSIS :				
Pulmonary—				
Definite .. ..	—	—	—	—
Suspected .. ..	—	—	—	—
Non-Pulmonary—				
Glands .. ..	—	—	2	—
Bones and Joints .. ..	—	—	—	1
Skin .. ..	—	—	—	—
Other Forms .. ..	—	—	—	—
NERVOUS SYSTEM :				
Epilepsy .. ..	—	—	—	—
Chorea .. ..	—	1	—	—
Other Conditions .. ..	—	2	—	—
DEFORMITIES :				
Rickets .. ..	—	—	—	—
Spinal Curvature .. ..	3	—	5	2
Other Forms .. ..	17	4	11	9
OTHER DEFECTS AND DISEASES (excluding Nutrition, Uncleanliness and Dental Diseases) .. ..	10	5	1	11

## SECONDARY SCHOOLS.

## B.—Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.

Age-groups.	Number of Children Inspected.	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Combined Age-groups .. ..	2,534	356	14.05	2,118	83.58	60	2.37	—	0.00
Other Routine Inspections	—	—	—	—	—	—	—	—	—
Total .. ..	2,534	356	14.05	2,118	83.58	60	2.37	—	0.00

TABLE IV.

Return of Defects treated during the year ended 31st December, 1937.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness).

Disease or Defect.  (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
SKIN :			
Ringworm—Scalp .. ..	—	—	—
Body .. ..	—	—	—
Scabies .. ..	—	—	—
Impetigo .. ..	—	—	—
Other Skin Disease .. ..	—	7	7
Minor Eye Defects (External and other, but excluding cases falling in Group II.) ..	—	2	2
Minor Ear Defects .. ..	—	6	6
Miscellaneous ( <i>e.g.</i> minor injuries, bruises, sores, chilblains, etc.) .. ..	—	4	4
Total .. ..	—	19	19

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

	No. of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
ERRORS OF REFRACTION (including Squint) ..	43	37	80
Other defect or disease of the eyes (excluding those recorded in Group I.) ..	—	—	—
Total .. ..	43	37	80
No. of Children for whom spectacles were—			
(a) Prescribed .. ..	40	37	77
(b) Obtained .. ..	37	37	74

SECONDARY SCHOOLS.

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.

Received Operative Treatment.												Received other forms of treatment.	Total number treated.
Under the Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital apart from the Authority's Scheme.				Total.					
(1)				(2)				(3)				(4)	(5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
—	—	—	—	—	—	4	—	—	—	4	—	—	4
(i) Tonsils only.				(ii) Adenoids only.				(iii) Tonsils and Adenoids.					
(iv) Other defects of the nose and throat.													

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education.	Residential treatment without education.	Non- residential treatment at an orthopaedic clinic.	Residential treatment with education.	Residential treatment without education.	Non- residential treatment at an orthopaedic clinic.	
	(i)	(ii)	(iii)	(i)	(ii)	(iii)	
Number of children treated	1	—	22	—	—	—	22

TABLE V.—Dental Inspection and Treatment.

(1) Number of Children who were inspected by the Dentist :—							
				Aged.			
				10	..	5	
				11	..	92	
				12	..	142	
				13	..	152	
(a) Routine Age Groups				14	..	150	Total .. 822
				15	..	137	
				16	..	93	
				17 and over	51		
(b) Specials .. .. .				..	..	..	—
(c) Total (Routine and Specials)				..	..	..	822
<hr/>							
(2) Number found to require treatment				..	..	..	700
(3) Number actually treated				..	..	..	—
(4) Attendances made by children for treatment				..	..	..	—
(5) Half days devoted to				{ Inspection .. 11 }		Total .. 11	
				{ Treatment .. — }			
(6) Fillings .. .. .				{ Permanent Teeth — }		Total .. —	
				{ Temporary Teeth — }			
(7) Extractions .. .. .				{ Permanent Teeth — }		Total .. —	
				{ Temporary Teeth — }			
(8) Administrations of general anaesthetics for extractions				..	..	..	—
(9) Other operations .. .. .				{ Permanent Teeth — }		Total .. —	
				{ Temporary Teeth — }			



**AVERAGE HEIGHTS.** (Secondary Schools).

Boys.

GIRLS.

Age Groups.	No. Measured.	Inches.	Centi- metres.	No. Measured.	Inches.	Centi- metres.
7-8 years ..	—	—	—	—	—	—
8-9 years ..	7	51·61	131·09	—	—	—
9-10 years ..	14	52·30	132·84	1	53·00	134·62
10-11 years ..	42	55·23	140·28	30	55·02	139·75
11-12 years ..	148	56·09	142·47	173	56·82	144·32
12-13 years ..	159	57·98	147·27	176	58·55	148·72
13-14 years ..	193	60·51	153·70	169	60·97	154·86
14-15 years ..	179	63·04	160·12	181	62·43	158·57
15-16 years ..	159	65·33	165·94	218	63·09	160·25
16-17 years ..	116	66·62	169·22	140	64·29	163·30
17-18 years ..	41	68·62	174·30	56	64·13	162·89
18-19 years ..	14	68·16	173·13	17	63·62	161·60

**AVERAGE WEIGHTS.** (Secondary Schools).

Boys.

GIRLS.

Age Groups.	No. Weighed.	Lbs.	Kilograms.	No. Weighed.	Lbs.	Kilograms.
7-8 years ..	—	—	—	—	—	—
8-9 years ..	7	61·57	27·93	—	—	—
9-10 years ..	14	67·29	30·52	1	72·50	32·89
10-11 years ..	42	73·78	33·47	30	70·17	31·83
11-12 years ..	148	77·57	35·19	173	78·47	35·59
12-13 years ..	159	83·28	37·78	176	85·82	38·93
13-14 years ..	193	97·22	44·10	169	99·18	44·99
14-15 years ..	179	107·96	48·97	181	108·98	49·43
15-16 years ..	159	119·79	54·34	218	115·23	52·27
16-17 years ..	116	127·12	57·66	140	119·42	54·17
17-18 years ..	41	136·53	61·93	56	123·68	56·10
18-19 years ..	14	134·84	61·16	17	128·51	58·29







